

REQUEST FOR PROPOSAL
FOR

Adult Day Care Services

Contract Period: July 1, 2014 through June 30, 2015

Issued by
York County Area Agency on Aging
100 West Market Street
York, PA 17401
Telephone: (717) 771-9610
Facsimile: (717) 771-9044
Email: dlbenaknin@yorkcountypa.gov

Dianna Benaknin, Director

SECTION 1

General Information for the Applicant

1-1. Background

The Pennsylvania Department of Aging was created in 1979 to advocate for Pennsylvania's rapidly aging population. It is the entity responsible for implementing the provisions of the federal Older Americans Act in the Commonwealth through a statewide network of fifty-two (52) Area Agencies on Aging. The Department utilizes Federal and State general revenue funds, but most of its resources come from the Pennsylvania State Lottery Fund.

Locally, the York County Area Agency on Aging is designated by the Pennsylvania Department of Aging to plan and coordinate comprehensive services for older residents of York County. A wide variety of home and community based services are offered to persons sixty (60) years of age or older and their spouses and, in certain circumstances, persons eighteen years of age and older. The mission of the Agency is to promote the independence of older adults through education, advocacy and coordination of community-based services. Our primary commitment is to deliver quality services to older adults with the greatest social or economic needs; as resources allow, we may serve others with similar characteristics.

1-2. Purpose

The primary purpose of this Request for Proposal (RFP) is to identify licensed home care agencies who are able to demonstrate administrative capacity to adhere to the minimum operating standards as enumerated in this RFP in York County. The issuance of this document is to provide interested application with the necessary information regarding submitting a proposal. This procurement action should not be construed as an invitation to bid.

1-3. Statement of the Problem

The York County Area Agency on Aging (YCAAA) as a grantee of the Pennsylvania Department of Aging (PDA) and recipient of Aging Block Grant funds has a responsibility to ensure the adequate supply of qualified vendor services to promote consumer choice and meet the needs of older adults in YCAAA's designated planning and service area. In Fiscal Year 2013/2014, YCAAA received an increase in its base allocation of Aging Block Grant funds. Therefore, in accordance with PDA's Program Directives, YCAAA has employed a competitive procurement process to ensure economic and quality delivery of service.

Adult Day Care Services improve the quality of life for consumers and their caregivers. Through the development of an individualized care plan, the Adult Day Center provides stimulating activities to help each consumer meet personalized goals and objectives. In addition, Adult Day Centers provide respite services to caregivers reducing caregiver stress and fatigue. Adult Day Services are an important community-based services that helps consumers to live in the setting of their choice.

1-4. Issuing Office

The York County Area Agency on Aging has issued this RFP. The sole point of contact for this RFP shall be the contact person:

Dianna Benaknin, MSW
Director
York County Area Agency on Aging
100 West Market Street
York, PA 17401
Telephone: (717) 771-9610
Facsimile: (717) 771-9044
Email Address: dlbenaknin@yorkcountypa.gov

Please refer all questions and inquiries to the contact person.

1-5. Restriction of Contact

From the issue date of the RFP until the York County Area Agency on Aging selects a proposal for award, the contact person is the sole point of contact concerning this RFP. Any violation of this condition may be cause for the Issuing Office to reject the offending applicant's proposal. If the York County Area Agency on Aging later discovers that the applicant has engaged in any violations of this condition, the York County Area Agency on Aging may reject the offending applicant's proposal or rescind its contract award. Applicants must agree not to distribute any part of their proposals beyond the York County Area Agency on Aging.

1-6. Type of Contract

The AAA intends to enter into an allowable cost reimbursement contract. The York County Area Agency on Aging, at its sole discretion, may undertake negotiations with applicants regarding the cost of service.

1-7. Prior Costs

The York County Area Agency on Aging is not liable for any costs incurred by the applicant prior to the execution of a contract. No York County Area Agency on Aging funds may be used to pay for, or otherwise offset the costs of, the use of a grant writer.

1-8. Qualified Applicant

The York County Area Agency on Aging will only evaluate and rank proposals received from qualified applicants. A qualified applicant is an organization that has met the minimum operating standards and submitted, in full, the information required in the Appendix.

1-9. Selection or Rejection of Proposals

The selection committee shall consist of York County Area Agency on Aging senior management, contract management and management staff from other York County Human Services agencies.

The York County Area Agency on Aging reserves the right to cancel or withdraw this RFP at its discretion and to waive any minor or technical deviations as it deems necessary. The York County Area Agency on Aging further reserves the right to reject any or all proposals, or to award in whole or part that which is deemed to be in the best interest of the York County Area Agency on Aging and its consumers.

Applicants will be held to the price terms submitted in their proposals as maximums for a period not to exceed one hundred eighty (180) days, and may be required to alter their price depending on the determination of the York County Area Agency on Aging that aspects of the proposed program should be changed. Failure to meet obligations may result in cancellation of any contract.

Proposals submitted by any successful applicant will become part of the contract resulting from this RFP, and the conditions of this RFP are applicable to all contracts. The successful applicants will be expected to sign a contract which includes additional terms and conditions. The York County Area Agency on Aging reserves the right to obtain information regarding the ability of the applicant to render the service or services proposed and such information may be considered in evaluating the applicant's proposal. It is expected that the evaluation of the applications will be completed by June 25, 2014. Each applicant will receive written notification of the final disposition of their proposal.

1-10. Appeal Procedure

The AAA will notify applicants whose proposals are not selected of their right to appeal in the written final disposition notice.

1-11. Pre-Proposal Meeting

A pre-proposal meeting for prospective applicants will be held at 12:00 p.m., EST, Tuesday, June 10, 2014, in the first floor conference room, at 100 West Market Street, York, PA 17401. Applicants who intend to submit a proposal in response to the RFP are invited and encouraged to attend. Questions and/or inquiries concerning this RFP must be submitted in writing and received by the issuing office not later than 4:30 p.m., EST, Friday, June 6, 2014. Responses to questions/inquiries will be provided at the meeting. No answers will be given over the telephone.

Minutes documenting the questions and answers will be distributed to all recipients of the RFP. No questions pertaining to the RFP will be answered after the pre-proposal meeting.

1-12. Response Date

To be considered, sealed proposals must arrive and be delivered to the York County Area Agency on Aging, 100 West Market Street, York, PA, 17401, at or before 4:00 p.m. on Friday, June 20, 2014. Any proposal arriving later than 4:00 p.m., EST, June 20th 2014, will be rejected. No responsibility will be taken by the York County Area Agency on Aging for failure of a delivery service to deliver proposals on time, regardless of the reason. Late proposals will not be accepted under any circumstances, and will be returned, unopened, to the applicant. Proposal submissions may not be sent by email or fax.

1-13. Letter of Intent to Submit a Proposal

Any organization that intends to submit a proposal in response to this RFP is **required** to submit the **Letter of Intent to Submit a Proposal (Exhibit 1)** to Dianna Benaknin by 4:30 p.m., EST, Tuesday, June 3, 2014. The Letter to Submit a Proposal form may be faxed to (717) 771-9044. It is the applicant's responsibility to verify complete facsimile transmittal.

1-14. Contract Period

Subject to any other provision contained herein, the work described in the RFP shall continue for a period of one year commencing on July 1, 2014 and ending on June 30, 2014.

1-15. Renewal

An executed contract pursuant to this RFP may be renewed for an additional period of up to four years at the conclusion of the original contract period as described above should the parties hereto, by mutual agreement, so desire. In the event the parties shall renew the contract as abovementioned, then in that event the terms and conditions stated therein shall remain in full force and effect, except as noted, and both parties shall be bound thereby for the renewal term. Renewal shall not be automatic, but shall be predicated upon mutual agreement and the execution of a separate document evidencing said agreement.

1-16. Non-Discrimination in Services

The applicant's services and programs shall be available to all eligible persons regardless of race, sex, income, national origin, religion, disability, or any other condition. The applicant will not provide any service or other benefit to a consumer which is different, or provided in a different manner, from that provided to others eligible for the same service.

1-17. False Information

Any applicant providing false information, which has been verified as false by the York County Area Agency on Aging, will be immediately disqualified from consideration.

1-18. Amendments to RFP

If it becomes necessary to revise any part of the RFP, amendments will be issued to all recipients.

1-19. Applicant's Representations and Authorization

By submitting its proposal, each applicant understands, represents, and acknowledges that:

- A. All of the applicant's information and representations in the proposal are true, correct and complete, and the York County Area Agency on Aging will rely upon the contents of the proposal in awarding the contract(s).
- B. The applicant has not attempted, nor will it attempt, to induce any firm or person to refrain from submitting a proposal on this contract, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.

1-19. Applicant's Representations and Authorization (continued)

- C. The applicant makes its proposal in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal.

1-20. Other General Provisions

- A. The successful applicant agrees to cooperate fully and in good faith with the York County Area Agency on Aging to accomplish the objectives of this RFP. Additionally, the successful applicant agrees to provide services in accordance with all York County Area Agency on Aging, state and federal policies.
- B. The successful applicant shall not use funds awarded to conduct meetings, conferences, training sessions, or other gatherings at any facility which excludes or restricts membership or individuals on account of race, sex, age, income, national origin, religion or disability.
- C. The successful applicant will be monitored and evaluated fiscally and programmatically by the York County Area Agency on Aging. On-site visits for this purpose will be conducted periodically and full cooperation will be extended to the York County Area Agency on Aging.
- D. The successful applicant shall comply with:
The Commonwealth of Pennsylvania's Non-discrimination Policy
- AAA Contractor Integrity Provisions
 - Pennsylvania Law 1984-159, the "Worker and Community Right to Know Law:
 - The Americans with Disabilities Act
 - The Contract Compliance Regulations of the Pennsylvania Human Relations Commission (16 PA Code Chapter 49), Title VI of the Civil Rights Act of 1964, as amended, and the Pennsylvania Human Relations Act, as amended (43 P.S. Section 951 et seq.)
- E. The successful applicant will be required to provide all services described in their proposal, or those services negotiated separately, whether or not it provides them directly. If the applicant intends to subcontract any portion of the work to be accomplished, the applicant must identify the subcontractor and provide a complete description of the subcontract and proposed contractual agreements, as part of the proposal. The applicant is prohibited from subletting, conveying, assigning, or otherwise disposing of any contract resulting from this RFP, its rights, title or interest thereof, or its power to execute such agreement to any other company, individual, corporation, or entity without the prior written consent of the York County Area Agency on Aging. Failure to adhere to this procedure will result in nonpayment of any expenses incurred as a result.
- F. Provider certifies that any statement made herein is known to be punishable under law and hereby states and verifies, under all penalties of law provided for official statements, (18 PA CSA §4904) that exclusion screening, as defined and required by Federal law in Part 1 chapter 204 of the York County Code, has been complied with and that the contractor and no employee is an excluded person under Federal law. Contractors shall, in addition, to this certification, also provide a monthly certification during the term of this contract certifying that exclusion screening has been done and the contractor, and no employee of the contractor, has been identified as an excluded person under Federal or State law.
- G. Provider certifies, for itself and all its subcontractors, that as of the date of its execution of the Agreement, that neither the Provider nor any subcontractors are under suspension or debarment of the County or any governmental entity, instrumentality or authority and, if the Provider cannot so certify, then it agrees to submit a written explanation of why such certification cannot be made. The Provider's obligations pursuant to these provisions are ongoing from and after the effective date of the Agreement through the termination date thereof. Accordingly, the Provider shall have an obligation to inform the County if, at any time during the term of the Agreement, it or any of its subcontractors are suspended or debarred by the County, the state or federal governments, or any

other state or governmental entity. Such notification shall be made within 15 days of the date of suspension or debarment. The failure of the Provider to notify the County of its suspension or debarment by the County, the state, any other state or the federal government shall constitute an event of default of the Contract with the County.

SECTION 2

Minimum Operating Standards:

Specific Service Requirements Adult Day Care Service

I. Definition:

Adult Day Care provides a program of activities within a supervised setting for adults who are not capable of full-time independent living. This is a respite service for adults normally served by informal caregivers. All listed requirements are in addition to those required by a licensing entity.

II. Unit of Service:

One (1) consumer day (four (4) hours or more in length), which includes lunch and a snack

One-half (1/2) consumer day (consisting of less than four (4) hours)

Extended consumer day, may include the provision of bathing, or be more than eight (8) hours in length

III. Applicable Federal Goals:

A. Prevent abuse

B. Prevent inappropriate institutionalization

IV. Consumer Eligibility Criteria:

The York County Area Agency on Aging will determine Consumer eligibility based on knowledge of individual circumstances in accordance with YCAAA and State policy.

V. Administrative Requirements:

A. YCAAA Reports:

1. Provider shall report to YCAAA by the seventh (7th) of the month following service, the number of units of service provided for each consumer.
2. Provider shall report to YCAAA care management any incidents or accidents involving consumers, as well as any significant changes in consumer condition or behavior within one (1) working day.

B. Consumer Records must include:

1. Intake data; including name, address, telephone number, personal physician, emergency contact, and care manager.
2. Medical examination within a three (3) month period immediately before the first day of participation signed and dated by a physician. The information shall include:
 - a. The consumer's physical and mental condition
 - b. The assurance that the consumer is free from communicable disease or infection
 - c. The consumer's health care requirements; such as medications, special diets or immunizations
3. Consumer day care service plan must include:
 - a. Planned activities designed for specific consumer benefit
 - b. Schedule for consumer self-medication
 - c. Specific behavioral or social goals for consumer with dated objectives
 - d. Progress notes, narrative or contacts with family or other agencies on behalf of the consumer
4. Incident or accident reports.

5. All consumer records and information are confidential and shall not be disclosed, directly or indirectly, without the written, voluntary, and informed consent of the consumer or as authorized by YCAAA.
- C. Facility records:
1. Employee personnel files shall include:
 - a. Current medical examination
 - b. Job descriptions
 - c. CPR and first aid certifications
 - d. Licenses and certifications, as appropriate
 2. In-house emergency evacuation plans and specific staff responsibilities.
 3. Plan for emergency medical care.
 4. Certificate of Occupancy from Pennsylvania Department of Labor and Industry.
 5. Any necessary local approvals or certificates.
 6. Insurance policies for public liability and accidents covering the facility.
 7. Master Emergency Management and Disaster Plan.
 8. License from the Pennsylvania Department of Aging.
- D. Staffing Requirements:
1. All staff will have a physical examination prior to employment and every two (2) years thereafter.
 2. Meet requirements of PA Act 169.
 3. Staff must include:
 - a. An administrator or director who must demonstrate by educational training and experience the competence to direct a program appropriate for the consumers to be served.
 - b. Paid program staff to provide a ratio of one (1) staff member to every seven (7) consumers in attendance.
 4. Volunteers may be used to supplement staff, but not to fulfill minimum staffing requirements.
- E. Training:
- At least one (1) staff member on-site at all times shall be certified in First Aid and Cardiopulmonary Resuscitation (CPR).
- F. Physical Facility:
1. The space designated as an Adult Day Care Center shall not be used for any other purpose during scheduled day care program hours.
 2. The facility shall meet all applicable Federal, State, and Local laws and regulations pertaining to health, safety, and civil rights.
 3. Telephones and emergency medical kits shall be located on each floor where they are visible and accessible to staff in case of an emergency.
 4. Each facility shall have one (1) room large enough to enable all individuals to participate in activities as a single group.
 5. The facility shall have a private office for consultation.

VI. Service Specifications:

- A. The center must provide a planned program of social, recreational, and developmental activities promoting independent functioning at home and in the community.
- B. The center must provide a nutritious noon meal and a nutritious snack for all participants in attendance over four (4) hours. If applicable, the center must observe regulations for ordering, receiving, recording, storing, preparing, serving, and the cleaning up of food as described by the Pennsylvania Department of Aging and the YCAAA.
- C. Working with the consumer, family, caretaker or other appropriate agency to arrange for transportation.

- D. Being open a minimum of two hundred forty-eight (248) days per year and be available to operate daily from at least 8:00 a.m. to 4:30 p.m. Provider will accommodate caregivers' as necessary for service beginning at 7:30 a.m. The center may not close two (2) consecutive weekdays for holiday closing without approval from YCAAA.
- E. Meeting and consulting with YCAAA's RN Consultant as needed and/or required in Aging's Program Directive for Adult Day Care Services.

VII. Conditions of Acceptable Service:

- A. Compliance with Specific Service Requirements (monitored at least annually).
- B. Consistent failures to meet specifications may result in termination of contract, for breach. Neither forbearance nor delay on the part of the Agency in exercising its right to terminate shall be deemed a waiver of that right.

SECTION 3

Format and Information Required from the Applicant

3-1. Format

Each of the following requirements must be addressed. Failure to meet any of these requirements will result in automatic disqualification.

- A. Proposals must be typed, double-spaced, on 8 ½" x 11" paper with pages consecutively numbered, and must contain a numbered table of contents.
- B. Proposals must be placed in an opaque, sealed envelope which contains the name and address of the applicant on the front and must be labeled Application to Provide Adult Day Care Services.
- C. Proposals must be signed by the official authorized to bind the applicant.
- D. **Five (5)** copies of each proposal must arrive at the York County Area Agency on Aging, 100 West Market Street, York, PA, 17401, at or before 4:00 p.m. on Friday, June 20, 2014. Material submitted after this deadline will not be considered.
- E. Fax copies and email copies are not acceptable.

3-2 Information Required from the Applicant

- A. **Letter of Intent to Submit a Proposal** – Exhibit 1 – Due Tuesday, June 3, 2014
- B. **Application to Adult day care Services** – Exhibit 2
- C. **Applicant's Questionnaire** – Exhibit 3
- D. **Applicant's Assurance** – Exhibit 4
- F. **Work Plan** (Narrative Section) – Exhibit 5 – This narrative section must include:
 - 1. **Applicant Organization and Experience**
 - a. Describe the organization, its mission, purpose and governing structure. Indicate when and why the agency organized and the current focus.
 - b. Describe the Agency's experience providing aging services, professional associations and affiliations, and experience working with human services or government entities in the provision of services.
 - c. If your agency provides service to private pay consumers, indicate the customary hourly charge to such consumers. If this rate is lower than the rate proposed in response to this RFP, please provide explanation as to why.
 - d. As part of this section, please include a Certificate of Insurance showing adequate insurance for personnel in the appropriate areas: Personal Injury, Professional Liability, Nonowned Automobile Liability, Malpractice Liability, Fidelity Bond and Workmen's Compensation.
 - 2. **Applicant Personnel Qualifications**

Provide the name and position of the person who will have ultimate responsibility and accountability for this program. Also indicate lines of authority among existing and

proposed staff positions related to this service. Attach applicable job descriptions for relevant personnel and curriculum vitae for agency director.

3. Understanding the Problem

- a. How will the applicant meet current needs of consumers and ensure the delivery high quality service?
- b. Explain how the applicant will assist the York County Area Agency on Aging in the pursuit of its mission and objectives?

4. Methodology

- a. Describe Agency's personnel policies and procedures specific to recruitment, employment, training, and supervisory oversight to ensure competent and quality delivery of service provided by agency personnel.
- b. Explain capacity to deliver service. Please explain any anticipated gaps or limitations in service coverage.
- c. Describe care planning policies and procedures and how your center's programming meets the needs of consumers and their families.
- d. Describe administrative policies and procedures in place to maintain the health, safety, and well-being of consumer participants during the provision of service.
- e. Describe Agency policies and procedures in order to comply with applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA).

G. Appendix

In order to be considered a qualified applicant, organizations or agencies seeking to contract with the York County Area Agency on Aging must submit all of the materials listed in the Appendix. These documents must be compiled in a section labeled Appendix and submitted with the proposal.

H. Contractor Checklist

This checklist has been created for applicants to ensure they are submitting all required information.

SECTION 4

Criteria For Selection of Proposal

All criteria must be addressed and will be evaluated. The successful bidder will be the applicant with the highest number of points out of a possible one hundred (100) points in each proposed region.

4-1. Cost (50 points)

Utilizing the total York County Area Agency on Aging funds requested, the lowest responsible price submitted by all qualified applicants will receive 50 points. Each subsequent higher proposed cost will be assigned a numerical point value using the following formula:

$$50 \text{ points} \quad \times \quad \frac{\text{lowest cost}}{\text{second lowest cost}}$$

$$50 \text{ points} \quad \times \quad \frac{\text{lowest cost}}{\text{third lowest cost}}$$

The determination of “responsible” shall be at the sole discretion of the AAA.

4-2. Agency Experience (10 points)

- A. **Adult Day Care Services (5 points)** – The applicant must demonstrate adequate experience as an agency in the provision of adult day care services.
References within the narrative must provide evidence of this experience.

Point Determination:

5+ years of experience, demonstration of strong connections with relevant professional association, and history of contracting with government or human services entities	5 points
3-4 years of experience, adequate demonstration of professional connections, and history of at least one government or human services contract.	4 points
1-2 years of experience, limited professional associations, no history of contracts.	3 points
Less than one (1) year of experience, no professional association, and no history of contracts.	1 point
No experience evident/ not addressed	0 points

B. Specific to Aging (5 points)

The applicant must indicate the number of years of experience providing services to the aging population. References within the narrative must provide evidence of this experience.

Point Determination:

5+ years of service provision for the aging population	5 points
3 – 4 years of service provision for the aging population	4 points
1 – 2 years of service provision for the aging population	3 points
Less than one (1) year of service provision for the aging population	1 point
No experience evident / Not addressed	0 points

4-3. Personnel Qualifications (10 points)

This refers to the quantity and capability of staff assigned to successfully implement the proposed services.

Point Determination:

All administrative, supervisory, support and direct service staff are identified and the complement clearly is of the size and has the experience necessary to accomplish their stated goals	10 points
Some administrative, supervisory, support and direct service staff are identified and appear capable of accomplishing their goals	5 points
Staffing pattern is inadequate	0 points

4-4. Understanding the Problem (5 points)

This refers to the applicant's understanding of the need that generated the RFP, the AAA's objectives in asking for the services, and the nature and scope of the work involved.

Point Determination:

Clearly shows evidence of understanding the need for adult day care services	5 points
Shows some evidence of understanding the need for adult day care services	2 points
Shows no evidence of understanding the need for adult day care services	0 points

4-5. Soundness of Methodology (25 points)

Refers to the appropriateness and clarity of the applicant's work plan to be used in fulfilling the goals of the proposal.

Point Determination:

Clearly defined work plan designed to assist consumers and families in need of service and preserve the safety and well-being of attendees.	25 points
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A work plan designed to generally assist consumers needing the services proposed. Procedures are reasonably clear and sufficiently practical.	15 points
A work plan designed to provide minimal assistance to consumers needing the services proposed and has little practical validity.	5 points
No evidence of a valid plan / Not addressed	0 points

ATTACHMENT 1

Proposal Time Frames

<u>Activity</u>	<u>Date</u>	<u>Time</u>
1. Place Request for Proposal (RFP) in local newspapers and internet. Release copies to prospective applicants	May 22, 2014	4:30 p.m. EST
2. Interested Applicants must submit a Letter of Intent to Submit a Proposal	June 3, 2014	4:30 p.m. EST
3. Interested Applicants must submit any questions, in writing, concerning the RFP to the York County Area Agency on Aging	June 6, 2014	4:30 p.m. EST
4. Pre-Proposal Conference to be held	June 10, 2014	12:00 p.m. EST
5. Minutes and written response to all questions received from the pre-proposal conference meeting will be e-mailed to all applicants.	June 11, 2014	4:30 p.m. EST
6. Proposals must be received by York County Controller's Office	June 20, 2014	4:00 p.m. EST
7. Anticipated date for notification of awards	June 25, 2015	4:30 p.m. EST
8. Anticipated contract date	July 1, 2014	

EXHIBIT 1**Adult Day Care Services****Letter of Intent to Submit a Proposal**

This form is due by 4:00 p.m. EST, June 20, 2014.

Send to: Dianna Benaknin, MSW
Director
York County Area Agency on Aging
100 West Market Street
York, PA 17401

The form may be mailed to the above address or faxed to (717)771-9044.

**I intend to submit a proposal to provide Adult Day Care Services
for the contract period beginning July 1, 2014 ending June 30, 2015.**

Applicant's Name: _____

Address: _____

Telephone: _____

Signature of a person authorized to sign contract:

Print Name _____

Title _____

EXHIBIT 2

APPLICATION

**Application to Provide
Adult Day Care Services
for the
York County Area Agency on Aging**

Applicant Name: _____

Address: _____

Telephone: _____

Contact Person: _____

**Authorized
Signature:** _____

EXHIBIT 3**APPLICANT'S QUESTIONNAIRE**

All applicants must complete the following questionnaire. All questions must be answered and the data given must be clear and comprehensive. If necessary, additional sheets may be used to complete the answers.

1. Name and address of Applicant: _____

Telephone Number: _____

2. Type of Business (check each one that applies)

<input type="checkbox"/> Public Non-Profit	<input type="checkbox"/> Public for profit
<input type="checkbox"/> Private Non-Profit	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual Proprietor
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other

3. Number of years applicant has provided Personal Care and Home Support Services

4. Has applicant ever been awarded similar contracts by any government body or entity?

☐ Yes ☐ No. Number of such contracts in the last three years: _____

5. Is applicant presently under contract with any other social services of health care related agencies or establishments? ☐ Yes ☐ No. If yes, please identify:

6. Has applicant ever defaulted on a contract or failed to complete any work awarded to applicant? ☐ Yes ☐ No. If yes, please explain:

7. Has applicant ever been declared ineligible or barred from submitting bids for any government contracts? ____ Yes ____ No. If yes, please explain:

8. Has the applicant or any of its Principles, Officers, or present or former employees ever been found by any court or administrative agency to have discriminated against any person because of race, color, national origin, religious creed, age, sex, or disability? ____ Yes ____ No. If yes, please explain:

9. Does the applicant have any outstanding unsatisfied judgments or tax liens filed or any lawsuits pending? ____ Yes ____ No. If yes, please explain:

EXHIBIT 4**ADULT DAY CARE SERVICES**
PROGRAM ASSURANCES

I, the undersigned, certify that:

1. I am familiar with the Request for Proposal and its contents and will commit the resources at my disposal to assure the successful completion of all services and programs described in the proposal.
2. I have reviewed the minimum operating standards governing the provision of adult day care services, and do hereby assure the agency's compliance with all requirements.
3. The information documents and computations are true, correct, and complete to the best of my knowledge to assure a responsible proposal.

Responsible Authority

Date

Typed Name

Telephone Number

EXHIBIT 5**APPLICANTS WORK PLAN NARRATIVE SECTION**

APPENDIX

In order to be considered a qualified applicant, organizations or agencies seeking to contract with the York County Area Agency on Aging, Inc. (AAA) must submit the following documents compiled in a section labeled Appendix. Only proposals from eligible applicants will be evaluated and rated using the criteria for selection as outlined in Section 6.

1. Certificate of Incorporation or other documentation establishing the entity, if applicable.
2. Table of Organization
3. Certificate(s) of Insurance.
4. Personnel Policies including Affirmative Action Plan/EEOC Statement.
5. Standard Observed Holidays
6. IRS non-profit designation, if applicable.
7. PA Bureau of Charitable Organizations Registration, if applicable
8. Copy of current license (if applicable)

APPLICANT CHECKLIST
York County Area Agency on Aging
Request for Proposal (RFP) for Adult Day Care Services
FY 2014/2015

Applicant _____

SUBMISSION REQUIREMENTS	YES	NO	N/A	Waiver Rec'd.
Letter of Intent to Submit a Proposal (Exhibit 1) received by 4:30 pm, 05/28/2014				
Five (5) copies of the application received by 4:00 pm, 06/20/2014				
Application adhered to required format, signed by an official authorized to bind the applicant.				
Proposal contained the following required inclusions:				
A. Application to provide Adult Day Care Services (Exhibit 2)				
B. Applicant's Questionnaire (Exhibit 3)				
C. Applicant's Assurance (Exhibit 4)				
D. Work Plan – Narrative Section (Exhibit 5)				
E. Appendix included the following:				
1. Certificate of Incorporation or other documentation establishing the entity, if applicable				
2. Table of Organization				
3. Certificate(s) of Insurance.				
4. Personnel Policies including Affirmative Action Plan/EEOC Statement.				
5. Standard Observed Holidays				
6. IRS non-profit designation, if applicable.				
7. PA Bureau of Charitable Organizations Registration, if applicable				
8. Copy of current license (if applicable)				
Comments				